Day Care, Head Start and Preschool School/Facility Annual Immunization Survey Worksheet

See Instructions for filling out the School/Facility Annual Immunization Survey Worksheet and the EXAMPLES

County:School/Facil	
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Certificate Information							Vaccine Specific Information								
Child ID#	Date of Birth (MM/DD/YY)	Certificate Expiration Date (MM/DD/YY)	Current/ Provisional Certificate	Medical Exemption	Religious Exemption	No Certificate on File	DTaP/ DTP/DT	Polio	Hib	Hepatitis B	PCV	М	MMR Varice		cella
							# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record		# of doses on record	
												19-47 months	48+ months	19-47 months	
Totals															

NOTE: Totals are not a sum of the number of doses. Totals indicate the number of children with a particular count of vaccine. See EXAMPLE for details.

^{***}Please make a copy of this form and turn it in with the School/Facility Annual Immunization Survey.***